## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 08:00 AM Secretary of State

DOCUMENT # P03000096700  1. Entity Name THRALL TRUCKING, INC.						Secr	etary of S	tate
Principal Plac	ce of Business	Mailing Address		i	-{	i .		
3906 JUNCTION ST		3906 JUNCTION ST NORTH PORT, FL 34288						
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Principal Place of Business		3. Mailing Address		}				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		;	03212006	Chg-P	CR2E034 (11/05	<b>;</b>
City & State		City & State		,	4. FEI Numbe 57-1183		<del></del>	opiled For lot Applicable
Zip	Country	Zip C	tountry		5. Certificate	of Status Desired	□ \$8.75 At	
	6. Name and Address of Current Re-	istered Agent	7. Name and Address of New Registered Agent					
TUDALL	CHRISTOPHER D		Name			,		
3906 איטע		· · · · · · · · · · · · · · · · · · ·	Street Add	tress (	P.O. Box Numbe	is Not Acceptable	)	
				!		,		
			City			1 -	FL Zip Co	de
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature typed or punted name of registered agent and title if approaching (NOTE Registered Agent agreeture required when reinstating) DATE								
FIL After M	E NOWR! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign F     Trust Fund Contribut		\$5. Add	.00 May Be ed to Fees	00000 04/29/00	00514364 5-80167 <b>-0</b> 18	150.00
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 17
TITLE NAMC	D TURALL CURRETORUER B		TITLE			1	☐ Change	Additton 🔲
STREET ADDRESS	THRALL, CHRISTOPHER D		NAME STRUET ADDRESS	- 1				
CHY-SI-ZIP	NORTH PORT, FL 34288	9	CITY-ST-ZIP	i		!		
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	entify that the information consted with this	<u></u>	CITY-ST-ZIP	tologo	in Chaffer 444	Storido Statutos **	t abou pagit shot it.	oformati
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shalf have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if								